



Faculty of Health and Social Sciences

School of Health and Community Studies

Supporting People with Long Term Conditions and in End of Life Care

2015-16

Level 6 Semester 1

MODULE HANDBOOK

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Communication Protocol: Module staff will reply to student questions within 3 working days (this will normally be within office hours only) as agreed at previous nursing enhancement and development meetings. Students are advised to check this Handbook and also to see if there are any online announcements or FAQ answers that deal with their enquiry before contacting staff.

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1 What this module is about

Introduction from the Module Leader

This module addresses core issues concerning service delivery and care of people with a Long Term Condition (LTC) and nearing the End of Life (EoL). As life expectancy has increased the primary causes of death and disability are conditions such as degenerative health problems (e.g. dementia), cardiovascular disease (heart disease and stroke), cancer and respiratory disease, all affecting the older person more than the young. This is an increasing issue not only within developed countries such as the UK, but also for developing countries where numbers are projected to rise significantly in the coming decades. Policy initiatives driving health and social care changes to develop integrated approaches to care of people with a LTC or near the End of Life will be explored within the module. Equally models of care delivery will be critically examined. Consideration of the skills required to support individuals and their families in a holistic manner will also be included.

Module Aim

The module aims to develop student's understanding of relevant theories, services and practice tools to support therapeutic skills in partnership working with people who have long term conditions and those approaching the end of life.

Module Learning Outcomes

On successful completion of this module students will be able to:

Learning outcome 1	Critically evaluate the contribution that an individual's lived experience makes to providing therapeutic nursing interventions, optimising health, facilitating choice and supporting self care & management in long term conditions and end of life care.
Learning outcome 2	Critically discuss health economics in relation to managed care and the implication for supporting people with long term conditions on public health policy.
Learning outcome 3	Understand the range of initiatives to promote social inclusion within Long term Conditions and End of Life Care, and critically evaluate the impact of services in complementing these policies.
Learning outcome 4	Critically examine issues related to decision making, demonstrating an understanding of the concepts of risk, autonomy & empowerment, and discuss the therapeutic principles required to engage, maintain and where appropriate disengage from professional caring relationships.

Module Learning Activities

A blended learning approach is adopted with, lectures, tutorials, e-learning and practitioner & service user workshops.

Graduate Attributes Developed and Assessed

Attribute	Developed	Assessed
Enterprise	yes	
Digital Literacy	yes	
Global Outlook	yes	

2 Schedule of Work:

Thursdays: 1400-1600 RB 513

Week 4 17/09/15	Sarah Burden	Introduction to Module: Exploring the context and care of people with a LTC or in EoL care
Week 5 24/09/15	Paul Mackreth	Epidemiology & setting the context of support for people with LTCs (Long term conditions)
Week 6 1/10/15	Sarah Burden	End of Life Care: Setting the context of support for people nearing the End of Life (EoL)
Week 7 08/10/15	Sarah Burden	Care Pathways in End of Life Care
Week 8 15/10/15	John Lynch & Justine Sykes	Examples from practitioners who support people with LTCs
Week 9 22/10/15	Paul Mackreth	Interventions – new models of care e.g. managed care and case finding.
Week 10 29/10/15	Sarah Burden	Support for people and their carers in end of Life care
Week 11 05/11/15	Paul Mackreth	Assignment preparation
Week 12 12/11/15	Sarah Burden	Concepts, theories and policies reviewed – critical writing workshop

Thursdays 1100-1300 RB 263		
Week 13 19/11/15	Paul Mackreth	Ethical issues in LTC and EoL care
Week 14 26/11/15	Sarah Burden	Service delivery and support for the individual: A case study in Stroke rehabilitation
Week 15 03/12/15	Sarah Burden	Service delivery & support for the individual: a case study in Cancer
Week 16 10/12/15 and Week 17 17/12/15	Sarah Burden RB 263 Paul Mackreth (CL 211 week 16 1200-1400) and week 17 (1000-1300 RB 513)	Individual assignment tutorials & module evaluation
Week 21 14/01/16 1100-1200 RB 263	Sarah Burden	Module evaluation and assignment handin via Turnitin - deadline 1100

Assignment tutorial allocations: (rooms to be confirmed)

Paul Mackreth: A Downes B Gilbert J Glossop C Gonzo K Gordon
C Gray R Harpley S Healy H Hilton C Hindley J Hodgson
G Hughes L Johnson D O'Boyle K Pagunsan C Parkes M Reed
M Robb E Roche A Roe K Sander M Somner B Sunderland
M Swift-Roberts J Wilcock C Wilkinson

Sarah Burden: K Atkinson H Baker A Barr J Bell C Cam C Chibok S Colley
C Cox A Curtis B Davies H Dickinson R Fawcett M Kadiki
P Kankam A Kennedy C Linnett N Lowe E McDermott R Meredith
H Murphy J Myers N Noble A Procter D Turner H Kiran
K Sewell

Wednesdays 1300-1530 RB263 Workshops

Week 6 30/09/15	Sarah Burden	Models and responses to Loss and Bereavement
Week 7 07/10/15	Kate Grafton	A personal journey through cancer services
Week 8 14/10/15	Paul Mackreth	Which has more value Debate: Medical, Nursing or Social interventions?

Wednesdays 1300-1600 PD709 End of Life Care – Meti Simulations

Date and time	Group	Lecturers
Week 9 21/10/15 1300-1415	Practice support group 1	Sarah Burden & Kathryn Gould
Week 9 21/10/15 1430-1545	Practice support group 2	Sarah Burden & Debbie Fox
Week 10 28/10/15 1300-1415	Practice support group 3	Sarah Burden & Martin Walsh
Week 10 28/10/15 1430-1545	Practice support group 4	Sarah Burden & Sunita Morris

Supporting resources:

Week 7: E-Learning package on ‘Delivering Key information’ available at:

<http://www.nwyhelearning.nhs.uk/elearning/yorksandhumber/shared/DeliveringKeyInformation/NonSCORM/>

Further e-learning packages on communication available on open access from:

<http://www.endoflifecareforall.com/>

- Importance of good communication
- Principles of communication
- Communication with ill people
- Talking with ill people – considering the surrounding environment in which the conversation takes place
- Culture and language in communication

Week 8: **Kate Grafton** is a member of staff with breast cancer that is ‘palliative’. She is currently undergoing chemotherapy and has had surgery and radiotherapy in the past. She plans to run an informal session telling you a bit about her ‘journey’ and is happy to answer any questions you may have about breast cancer, any treatments & tests, support services

(the Haven, Macmillan etc), what it is like to be a patient, experiences of nursing/medical care, waiting for results and the impact on quality of life.....

3 Key Resources to Support Learning

Recommended Reading:

Cochrane D. (2001) **Managed care and modernization: a practitioners guide** Maidenhead, Open University Press

Costello J (2004) **Nursing the Dying Patient: caring in Different Contexts** London, Palgrave Macmillan

Department of Health (2005) **Supporting people with Long term conditions: liberating the talents of nurses who care for people with long term conditions** available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4102469

Department of Health (2005) **Supporting people with long term conditions: an NHS social care model to support local innovation and integration** available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100252

Department of Health (2005) Case management competences framework for the care of people with long term conditions **available from** http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4118101

Department of Health (2006) Supporting people with long term conditions to self care: A guide to developing local strategies and good practice **available from** http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4130725

Department of Health (2008) **The National End of Life Care strategy** available from <http://www.endoflifecareforadults.nhs.uk>

Department of Health (2009) **Living well with dementia: A National Dementia Strategy** available from <http://www.dh.gov.uk/en/SocialCare/NationalDementiaStrategy/index.htm>

Earle S. Bartholomew C. Komaromy C. (eds) (2009) **Making Sense of death, Dying and Bereavement: an anthology** London, Sage Publications

Earle S. Komaromy C. Bartholomew C. (eds) (2009) **Death and Dying: a Reader** London, Sage Publications

- Firth P. Luff G. Oliviere D. (2005) **Loss, Change and bereavement in Palliative Care** Maidenhead, Open University Press
- Kubler – Ross E. & Kessler D. (2005) **On grief and grieving: Finding the meaning of grief through the five stages of loss** New York, Simon & Schuster
- Machin L. (2008) **Working with Loss and Grief: A New Model for Practitioners** London, Sage Publications
- Margereson C. & Trenoweth S. (eds) (2010) **Developing Holistic Care for Long-term Conditions** London, Routledge
- Mencap (2008) **Living and Dying with Dignity. The best practice guide to end of life care for people with a learning disability** available from <http://www.mencap.org.uk/page.asp?id=9753>
- NHS (2011) Capacity, care planning and advance care planning in life limiting illness. A Guide for Health and Social Care Staff **available from** <http://www.endoflifecareforadults.nhs.uk/publications/pubacpguide>
- NICE (2004) **Cancer Service Guidance: Improving Supportive and Palliative care for adults with cancer** available from <http://guidance.nice.org.uk/CSGSP>
- Nicol J. (2011) **Nursing Adults with Long Term Conditions** Transforming nursing Practice series. Exeter, Learning Matters
- Royal College of Physicians (2009) **Advance Care Planning. A series of evidence-based guidelines for clinical management (number 12)** available from <http://bookshop.rcplondon.ac.uk/contents/9c95f6ea-c57e-4db8-bd98-fc12ba31c8fe.pdf>
- Thompson N. (2004) **Loss and Grief** London, Palgrave Macmillan

Recommended Websites:

Long term conditions:

<http://www.nuffieldtrust.org.uk/publications/commissioning-high-quality-care-people-long-term-conditions?gclid=CJiwjIGu4rkCFeXMTAodE1IAig>

http://www.kingsfund.org.uk/sites/files/kf/field/field_document/managing-people-long-term-conditions-gp-inquiry-research-paper-mar11.pdf

<http://www.health.org.uk/areas-of-work/topics/long-term-conditions/long-term-conditions/>

End of Life Care:

<http://www.mariecurie.org.uk/en-GB/Commissioners-and-referrers/Commissioning-our-services/?gclid=CJGtpLyw4rkCFe3ltAodJ0oAzA>

<http://www.macmillan.org.uk/Home.aspx>

<http://www.nhs.uk/Planners/end-of-life-care/Pages/End-of-life-care.aspx>

<http://www.nice.org.uk/QS13>

<http://www.endoflifecareforall.com/>

<http://www.skillsforcare.org.uk/endoflifecare/>

<http://www.kingsfund.org.uk/sites/files/kf/Delivering-better-care-end-of-life-Kings-Fund-January-2010-Leeds-Castle-EOLC.pdf>

Bereavement support and Counselling

<http://www.cruse.org.uk/>

<http://www.rcpsych.ac.uk/expertadvice/problemsdisorders/bereavement.aspx>

<http://www.griefencounter.org.uk/>

<http://www.childbereavement.org.uk/>

4 Assessment

4.1 Assessment Summary

Assessment Method:	Weighting:	Hand in date:	Feedback Method:	Feedback date:
<p>Case study:</p> <p>The assessment of this module will be based on a case study. The case study will be used as a vehicle to critically explore and apply principles and theories.</p> <p>Word count:</p> <p>up to 2500 words</p>	100%	<p>Due week commencing Week 21</p> <p>Thursday 14th January 2016</p>	Written	<p>Monday 15th February 2016</p>
Reassessment Method:	Weighting:	Hand in date:	Feedback Method:	Feedback date:
<p>Case study:</p> <p>The assessment of this module will be based on a case study. The case study will be used as a vehicle to critically explore and apply principles and theories.</p> <p>Word count:</p> <p>up to 2500 words</p>	100%	<p>Week 34</p> <p>Monday 11th April 2016</p>	Written	<p>Week 37 Tuesday 3rd May 2016</p>

4.2 Assessment Details

Assignment Brief

You are required to write an essay, based on a case study, which demonstrates a critical understanding of key issues, which are relevant when working with service users and carers in the area of long term conditions and end of life care.

The maximum word count is 2500 words. Excessively long essays will be penalised and Plagiarism will result in failure.

Assessment guidance

1. Identify a relevant case study from your clinical practice. You need to introduce the case study within the essay, but remember that the case study is the vehicle for exploring theories, concepts and policies. Therefore, keep it brief, identifying salient points (You may of course put more detailed biographical and medical history information in appendices).
2. Critically discuss the management of the long-term condition, identifying and evaluating different models and approaches.
3. Critically evaluate the nature of multi-agency working and partnership working.
4. Identify key policy imperatives and drivers and evaluate their effectiveness and application to the case study.
5. Critically explore the nature of living with a long term condition from the service user and carer perspective.

Issues that you may consider.

- Illness trajectories
- Sociology of the body – management of the body. Body image and the impact on social relations.
- Epidemiology of chronic disease – patterns, prevalence/incidence
- Long Term Conditions in the context of government policy
- Economic influences
- Models of case management
- Patient/user/carer perspective – expert patient, health promotion models
- Living with chronic disease – rehabilitation, personal care planning
- Multi agency/multi disciplinary working /integrated care pathways/service development in LTC
- Palliative care – dying trajectories, end of life issues and care pathways
- Spiritual care – assessing spirituality and addressing needs
- Nursing roles in long term condition and/or End of Life care management – community matron / Macmillan nurses

4.3 Criteria for assessment of the essay

Introduction and relevance of case study	10%
Presentation and grammar	10%
Critical understanding of concepts, theories and policies	30%
Critical application of theory to case study and critical analysis	20%
Use of appropriate evidence base	20%
Referencing	10%
Total	100%

Student Instructions for Submission of Coursework

This module requires you to submit your work on-line.

You **MUST** submit your work through X-stream using the link set up by the tutor . Receipt of your work will be recorded.

Where your tutor requires you to submit work using TurnItIn (a worldwide text-matching service), you can then use this to help check your referencing. You can then revise, re-check and resubmit your work right up to the submission date and time. To make use of this checking service you must submit your work early.

Please note: Tutors will follow up any suspected plagiarism and unfair practice found after the submission date as per University policy. Late penalties will apply as per University regulations.

Turnitin Guidance

Using Turn-It-In UK to Review Quotations in your Work

Turn-It-In UK is a tool which is primarily used to hand in word processed course work but it can have a number of other functions. This guide concentrates on one particular use of the tool: to review quoted passages in drafts of your work before handing in the final version.

This allows you to do two things:

1. Estimate the percentage of quoted text in your work - the similarity index.
The appropriate percentage of quoted text will vary greatly depending on the nature of the assignment and on other factors such as your writing style but it will be helpful to know if the percentage differs a lot from what you expect.
2. Systematically review each quotation.
The tool can highlight each section of unoriginal text and this will help you to check that each quotation is properly cited - i.e. it is obvious what its source is. This functionality will help you to avoid being accused of plagiarism since you will be less likely to accidentally include quoted text that lacks attribution.

How does it work?

When Turn-It-In creates an originality report it looks for matches between fragments of text in your work and text in various other places. It checks against the web, journal articles and other students' work. If a match is found with another student's work that doesn't necessarily indicate cheating since it is more likely that both students have quoted the same passage from a text book or other common source. Turn-It-In is clever enough to find matches even if some words are different, for example if a paraphrase has been used. This may provide an extra check on the accuracy of the quotation.

Student use - in summary

Start by looking at the percentage originality. One can't say what is a good number without thinking about the nature of the assignment. For example, a particular essay might be considered weak if it lacks references to literature which support the claims you make in it. On the other hand an essay in which you are expected to demonstrate original thinking may look poor if there is very little original work - just lists of quotations. The assignment may be a literature review in which case a low percentage of quoted work would be strange. On top of all this remember that some of the material you quote may be unavailable to Turn-It-In and won't be identified as quotations so the figure is just an estimate.

Interpreting your Turnitin UK Report

The percentage similarity index figure is useful to know but you should **not** think that a high figure is bad or suspicious. Turn-it-in cannot measure the amount of text which you have failed to cite properly - only the total amount of text that is similar to other sources.

The *show highest matches together* analysis will enable you to systematically work through your work to determine if each use of matching text (identified in colour and coded with the number of the source shown on the right of the screen) is appropriate as it stands or needs some action. The software can only show you blocks of text that it has found in other sources - it's down to you to decide what action to take. Here are some options:

- Make sure the quote is accurate, put it in quotation marks and add a citation so that the reader can access the original and read it in context. Be careful to reference the

original source. Turn-it-in may identify the block of text by finding someone else who has quoted it so you can't rely on that to identify the proper reference.

- Explain the concept in your own words, do not include quotation marks and add a citation. The reader may want to access the text where you got the ideas from and decide if you have accurately represented the author's views.
- Remove the quote and add text explaining your own original ideas instead.
- Recognize that the text consists of a phrase in common usage and leave it without quotes or citation. For example the phrase *obesity is closely related with the onset of type 2 diabetes, cardiovascular disease and hypertension* is quite acceptable as this is the use of common language. (Emphasis indicates words that match other sources.) However a sentence such as *case series and case reviews were excluded from the review due to the elevated potential for bias in these study designs* should be re-written in your own language since it otherwise appears to be copied almost word for word from the article which is the subject of the essay.

These are some potential pitfalls:

- Tables of references, bibliographies and tables of data will raise your similarity index, but are often perfectly acceptable.
- Using a tool, such as a questionnaire, from another source can make it look as if your work has a high similarity index. Providing you have explained why you have chosen to use the tool and have acknowledged the author, this is fine.
- It is not only necessary to cite sources for quoted text but also for ideas and conclusions. Turn-It-In cannot check the sources of conclusions and ideas and so you must do that through your own efforts. For example, if a journal article reaches conclusion A, a second journal article reaches conclusion B and you put these together and reach your own conclusion C, then you ought to reference both journal articles when stating A and B but you can make it clear that C is your own idea. C has no source article and doesn't need a citation or reference.

Produced by Jon Maber and Jackie Wilkinson, Leeds Metropolitan University, 2009.

4.4 Feedback

You will receive feedback via Turnitin within 4 university working weeks of submission.

Academic Criteria for Assignment Classification Level 6

Classification Grade	Class 1st 70 - 100%	Class 2/i 60 - 69%	Class 2/ii 50 - 59%	Class 3rd 40 - 49%	Fail 0 - 39%
Presentation	<p>Presentation clear and polished with an imaginative approach to the topic.</p> <p>Style is lucid and resourceful with an appropriate format.</p> <p>A fluent academic writing style with accurate spelling and syntax.</p> <p>Thoughts and ideas expressed clearly.</p>	<p>Presentation clear and logical and well structured.</p> <p>Well written with standard spelling and syntax.</p> <p>Style is lucid utilising an appropriate format.</p>	<p>Presentation clearly structured.</p> <p>Competently written with only minor lapses from standard syntax and spelling.</p> <p>Style is readable with acceptable format.</p>	<p>Presentation poor; little structure.</p> <p>Some errors.</p> <p>Generally competent writing although intermittent lapses from standard syntax and spelling pose obstacles for the reader.</p> <p>Format and bibliographical apparatus acceptable.</p>	<p>Presentation disorganised.</p> <p>Poorly written with numerous deficiencies in syntax, spelling, expression and presentation.</p> <p>The writer may achieve clarity (if at all) only by using simplistic or repetitious style.</p>
Relevance	<p>Survey of relevant material comprehensive.</p> <p>Directly relevant to title and learning outcomes.</p> <p>Able to address the implications, assumptions and nuances of the title.</p> <p>Relevance to practice is thoroughly and explicitly addressed.</p>	<p>Directly relevant to title and learning outcomes.</p> <p>Is able to demonstrate effective practice relevance.</p> <p>Survey of relevant material good.</p>	<p>Survey of relevant material limited.</p> <p>Generally addresses the title and learning outcomes, sometimes addresses irrelevant issues.</p> <p>Relevance to practice is effectively addressed but may be implicit in places.</p>	<p>Survey of relevant material sparse</p> <p>Some degree of irrelevance to the title and learning outcomes</p> <p>Superficial consideration of the issues</p> <p>Relevance to practice tends towards superficiality and is largely implicit</p>	<p>Little relevant material.</p> <p>Relevance to the title and learning outcomes is intermittent or missing.</p> <p>The topic is reduced to its vaguest and least challenging terms.</p> <p>Relevance to practice is barely or not considered.</p>

Knowledge	<p>Explanation in-depth.</p> <p>Makes effective use of a comprehensive theory and practice knowledge.</p> <p>Demonstrates ability in the manipulation and transfer of subject material to demonstrate a solid understanding of the issues in both theory and practice.</p>	<p>Explanation clear.</p> <p>Makes effective use of good theory and practice knowledge.</p> <p>Manipulates and transfers some material to demonstrate a clear grasp of the themes, questions and issues in theory and practice</p>	<p>Understanding of main points demonstrated.</p> <p>Adequate knowledge of a fair range of relevant theoretical and practice related material, with evidence of an appreciation of its significance.</p>	<p>Adequate knowledge of a limited range of relevant theoretical and practice related material with intermittent evidence of an appreciation of its significance.</p> <p>Understanding of main points demonstrated.</p>	<p>Demonstrates little understanding.</p> <p>Demonstrates misconceptions.</p> <p>Demonstrates a limited understanding of a narrow range of theoretical and practice related material.</p> <p>Lacks the basic knowledge in either theory or practice necessary for an understanding of the topic.</p>
Analysis	<p>Demonstrates good and consistent critical and conceptual analysis.</p> <p>Conclusions valid.</p> <p>A comprehensive analysis of the material resulting in clear and illuminating conclusions.</p>	<p>Good analysis of the material resulting in clear and logical conclusions.</p> <p>Critical and conceptual analysis satisfactory.</p> <p>Conclusions justifiable.</p>	<p>Overly descriptive.</p> <p>Limited or sparse conceptual and critical analysis.</p> <p>Conclusions reasonable.</p> <p>Adequate analytical treatment, with occasional descriptive or narrative passages, which lack clear analytical purpose.</p> <p>Conclusions are clear.</p>	<p>Almost entirely descriptive.</p> <p>Evidence of minimal analytical ability.</p> <p>Intermittent passages of descriptive or narrative material which lacks clear analytical purpose.</p> <p>Conclusions are not always clear or logical.</p>	<p>No conclusions drawn.</p> <p>Heavy dependence on description and/or narrative.</p> <p>Paraphrase is common.</p> <p>Evidence of analysis is lacking.</p> <p>Clear and logical conclusions are sparse.</p>

Structured Argument	<p>Arguments soundly made.</p> <p>Coherent and logically structured, making creative use of an appropriate mode of argument and/or theoretical model.</p>	<p>Argument well made.</p> <p>Generally coherent and logically constructed.</p> <p>Uses an appropriate mode of argument.</p>	<p>Argument weak.</p> <p>Adequate attempt to construct a coherent argument, but may suffer loss of focus and consistency.</p> <p>Issues at stake lack clarity or theoretical models couched in simplistic terms.</p>	<p>Conclusions weak or debatable.</p> <p>Some attempt to construct an argument is evident but it lacks sufficient clarity and coherence.</p> <p>Issues at stake are only vaguely stated.</p>	<p>Does not have the correct focus.</p> <p>Little evidence of coherent argument.</p> <p>There is a lack of development and the work may be repetitive and/or thin.</p>
Independent Thinking	<p>Demonstrates a good degree of originality.</p> <p>Distinctive work showing independent thought and critical engagement with alternative views.</p>	<p>Demonstrates a limited degree of originality.</p> <p>Contains some distinctive or independent thinking.</p> <p>Beginning to formulate an independent position.</p>	<p>No originality.</p> <p>Sound work, which expresses a personal position, often in broad terms and tends towards uncritical conformity to one or more standard views of the topic.</p>	<p>Largely derivative.</p> <p>Attempts to present a personal view, but only in broad terms.</p> <p>Is largely uncritical and conforms to one or more standard views.</p>	<p>Almost wholly derivative.</p> <p>The writers contribution rarely goes beyond simplifying paraphrase.</p> <p>No evidence of personal thought.</p>
Referencing & Bibliography	<p>Referenced appropriately.</p> <p>References complete.</p> <p>Consistent accurate use of referencing</p>	<p>Some pertinent references used.</p> <p>References complete.</p> <p>Consistent use of referencing which may contain minor inaccuracies.</p>	<p>Some inconsistencies in referencing but generally acceptable.</p> <p>Referenced but evidence not well utilised. References incomplete</p>	<p>Few references.</p> <p>References incomplete.</p> <p>Significant errors in referencing and bibliography.</p> <p>Barely acceptable.</p>	<p>Inadequate citations.</p> <p>References incomplete.</p> <p>Bibliographical apparatus is unacceptable.</p>

Understanding Your Assessment Responsibilities

Mitigation and Extenuating Circumstances

If you are experiencing problems which are adversely affecting your ability to study (called 'extenuating circumstances'), then you can apply for mitigation. You can find full details of how to apply for mitigation at:

<http://www.leedsmet.ac.uk/studenthub/mitigation.htm>

Late Submission

Without any form of extenuating circumstances, standard penalties apply for late submission of assessed work. These range from 5% to 100% of the possible total mark, depending on the number of days late. Full details (section C1.5.7) of the penalties for late submission of course work are available at:

[http://www.leedsmet.ac.uk/about/files/C1_Assessment - General Provisions.pdf](http://www.leedsmet.ac.uk/about/files/C1_Assessment_-_General_Provisions.pdf)

Academic Misconduct

Academic misconduct occurs when you yourself have not done the work that you submit. It may include cheating, plagiarism and other forms of unfair practice. What is and what is not permitted is clearly explained in *The Little Book of Cheating, Plagiarism and Unfair Practice*, available at:

<http://www.leedsmet.ac.uk/studenthub/plagiarism.htm>

The serious consequences of plagiarism and other types of unfair practice are detailed in section C9 of the Academic Regulations at:

<http://www.leedsmet.ac.uk/about/academic-regulations.htm>